

**EXHIBIT J**  
**QUALIFIED REHABILITATION CERTIFICATE**

The undersigned Lender hereby certifies that the Residential housing unit identified below constitutes a Qualified Rehabbed Housing.

Address of Rehabbed Unit: \_\_\_\_\_

Census Tract: \_\_\_\_\_

Name of Eligible Borrower: \_\_\_\_\_

Name of Builder: \_\_\_\_\_

The Lender further certifies that the Eligible Borrower is the first resident of the unit following completion of the Qualified Rehabilitation.

WITNESS MY SIGNATURE on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Lender: \_\_\_\_\_

By: \_\_\_\_\_

"Qualified Rehabbed Housing" means that the Eligible Borrower is the first occupant of a Residential Housing Unit satisfying the following conditions:

- (i) there is a period of at least 20 years between the date on which the building was first used and the date on which the physical work on such rehabilitation begins,
- (ii) in the rehabilitation process, (a) 50% or more of the existing external walls of such building are retained in place as external walls, (b) 75% or more of the existing external walls of such building are retained in place as internal or external walls, and (c) 75% or more of the existing internal structural framework of such building is retained in place, and
- (iii) the expenditures for such rehabilitation are 25% or more of the Mortgagor's adjusted basis in the residence.

For purposes of clause (iii), the Mortgagor's adjusted basis shall be determined as of the date of completion of the rehabilitation or, if later, the date on which the Mortgagor acquires the Residential Housing Unit.

Qualified Rehab Worksheet:

I. Age of Housing: \_\_\_\_\_ years (must be at least 20 years)

II. Demolition (Check one): No \_\_\_\_\_ Yes \_\_\_\_\_ \* If yes, see (ii) above, and complete following:

- (a) 50% or more of existing external walls retained as external walls:  
No \_\_\_\_\_ Yes \_\_\_\_\_
- (b) 75% or more of existing external walls retained as internal or external walls:  
No \_\_\_\_\_ Yes \_\_\_\_\_
- (c) 75% or more of existing internal structural framework retained in place:  
No \_\_\_\_\_ Yes \_\_\_\_\_

III. Rehab Expenditure Test:

- (a) Purchase Price and prior capital investments \$ \_\_\_\_\_
- (b) Rehab Expenditure \$ \_\_\_\_\_
- (c) Total \$ \_\_\_\_\_
- (d) 25% of (c) must be less than (b)